

L19000286013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

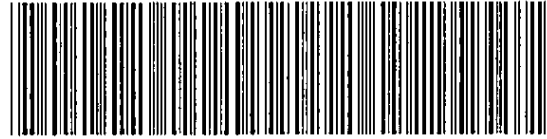
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED

2020 MAY 19 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2020 MAY 19 PM 12:34

DEPUTY SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V. SULKER

MAY 22 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2020

INCORPORATING SERVICES, LTD

SUBJECT: ESSENTIAL LIFE HYDRATION AND WELLNESS, LLC  
Ref. Number: L19000286013

We have received your document for ESSENTIAL LIFE HYDRATION AND WELLNESS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 720A00010144

RECEIVED  
2020 MAY 21 PM 12:23  
DIVISION OF CORPORATIONS

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM :** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE :** 5/19/2020

**PRIORITY :** Routine

**OUR REF # (Order ID#):** 829314

**ORDER ENTITY**

ESSENTIAL LIFE HYDRATION AND WELLNESS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**ESSENTIAL LIFE HYDRATION AND WELLNESS, LLC ( FL )**

File the attached amendment

**NOTES:**

\$25.00 Authorized - Please honor the original submission date as the file date.

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ESSENTIAL LIFE HYDRATION AND WELLNESS, LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/18/2019 and assigned  
Florida document number L19000286013.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ESSENTIAL LIFE HYDRATION AND WELLNESS, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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		<hr/>	<input type="checkbox"/> Remove
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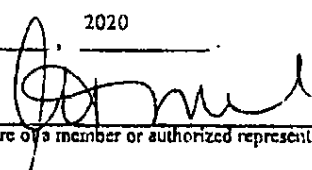
**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

The purpose of this Limited Liability Company shall be to engage in the practice of providing professional nursing services to the fullest extent permitted by applicable law, including without limitation the Florida Revised Limited Liability Company Act, the Florida Professional Service Corporation and Limited Liability Company Act, and the Florida Nurse Practice Act

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 19th 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Natasha N. Henderson, MGR

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**